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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/088791**

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/	/	/	
2	/	/	/	
3	2	/	/	
4	1	/	/	
5	6	/	/	
6	9	/	/	
7	9	/	/	
8	8	/	/	
9	1	/	/	
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12	/	/	/	
13	2	/	/	
14	1	/	/	
15	8	/	/	
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TOTAL P.				
TOTAL AIMS				

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